

No. 2
4-13-40
-17-39
X23159

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **9092**

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County St. Louis MO.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3539 Halliday St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
(c) City or town St. Louis. **17**
(If outside city or town limits, write "RURAL")
(d) Street No. 3539 Halliday St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life. years.

3. (a) PRINT FULL NAME Augusta (Gussie) Mueller

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 10 1867
(Month) (Day) (Year)

8. AGE, 73 Years Months 7 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace St. LOUIS MO. (City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business _____

12. Name Herman Mueller

13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name Mary Richter

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Clara Koors.

(b) Address 3539 Halliday St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 5th/40 (Month) (Day) (Year)

(c) Place: burial or cremation S. S. PETER & PAUL

18. (a) Signature of funeral director Thos. F. Curtis

(b) Address 2906 Gravois Ave

19. (a) NOV 4 1940 (b) J. P. Bredeck (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2 year 1940 hour 3 00 P M minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 1 1940 to Nov. 2 1940 that I last saw her alive on Nov. 2 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach **142**

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. P. Bredeck (M. D. or other) _____

Address 2118 T. Shaw Date signed Nov. 4, 1940

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. Boeck
3115 S. Grand St.
3:00 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Leo Budde

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Leo Budde

Licensed Embalmer No.....

3989

P. O. Address.....

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.